

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092174	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 01/15/2016
NAME OF PROVIDER OR SUPPLIER LYNN'S HOME AT RIVERSIDE		STREET ADDRESS, CITY, STATE, ZIP CODE 5614 APALACHICULA CIRCLE RALEIGH, NC 27616		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report by Rick Benton DHSR Construction Section conducted a Complaint Survey on January 15, 2016 from 12:30pm to 2:00pm at the above referenced facility. DHSR records indicate the home was first licensed on 04/26/2012 as a Family Care Home for six (6) ambulatory Clients (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 2009 Edition of the North Carolina State Building Code - Section 421.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 105	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322	C 105		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 105	<p>Continued From page 1</p> <p>Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars (\$380.00). (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home.</p> <p>This Rule is not met as evidenced by: The complaint was substantiated. During the survey, it was noted that one resident was completely immobile. The resident was in a wheelchair and required total assistance from the staff. According to the provider, this resident requires total assistance with getting in and out of bed and transferring from the bed to her wheelchair. She had to have complete assistance as they were having lunch at the time of this survey. At the time of the survey this was consistent with being a non-ambulatory resident. Through observed documentation at the time of the survey, the provider had made arrangements to discharge this resident based on her consistent immobility.</p> <p>The other resident was mobile on her own accord. Other than being somewhat slow, her movements around the home required no verbal prompting and no physical assistance. At the time of the survey, this was consistent with an ambulatory person. She walked unassisted as she followed me and the provider throughout several rooms as the survey was being conducted. She was observed using no assistance from staff and did not use a cane or a walker to assist her as she moved around. As long as this resident is able to transfer from one place to another without any verbal prompting and any physical assistance, she may remain in the home.</p>	C 105		

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C 105	<p>Continued From page 2</p> <p>Since DHSR-Construction Section can only verify the condition of a resident at the time of the survey, her condition must be monitored. If she begins to show any signs of physical or mental deterioration to the point that she will need assistance, she will have to be relocated to a larger facility or it may be possible to bring your home into compliance with Section 425.4 of the current North Carolina State Building Code which requires the building to be sprinklered with a wet pipe system in accordance with NFPA 13D with a 30-minute water supply in all areas including bathrooms, toilets, closets, pantries, storage and utility spaces. This would allow the home to serve a maximum of six non-ambulatory residents (unable to evacuate and respond without physical or verbal assistance).</p> <p>The provider should note that if a sprinkler system is installed, the provider is required to submit engineering plans to the local jurisdiction for approval. Prior to any work beginning the provider must submit those plans to our office which is subject to a written review.</p>	C 105		